



## Authorization to Hold Mail

**NOTE:** Complete and leave in your box for your letter carrier.



We can hold your mail for a minimum of **3**,  
but not for more than **30 days**.

### Postmaster: Please hold mail for:

Name(s)

Address (Number, street, apt./suite no., city, state, ZIP + 4)

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**A.** Please deliver all accumulated mail and resume normal delivery on the ending date shown below.

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**B.** I will pick up all accumulated mail when I return and understand that mail delivery will not resume until I do.

Beginning Date

Ending Date (May only be changed by the customer in writing)

Customer Signature

### For Post Office Use Only

Date Received

Clerk

Bin Number

Carrier

Route Number

(Complete this section only if customer selected option B)

☐

Accumulated mail has been picked up.

Resume Delivery of Mail (Date)

By